

Board of Mineral Mining Examiners Fontaine Research Park 900 Natural Resources Drive, Suite 400 Charlottesville, VA 22903 (434) 951-6310

Application For Certification Examination

Applicants for certification must complete this form and submit a \$10 fee for each exam. Type or print the application in ink and pay the fee with a personal check, certified check, cashier's check, or money order made payable to the **Treasurer of Virginia**. Cash will be accepted if paid in person. Submit the application and fee to **the Board of Mineral Mining Examiners** at least **five working days** prior to the date of examination.

1.	Full Name:	DMM ID			
2.	Address:				
	Street or P.O. Box	City	State	Zip Code	
3.	Date of Birth:	Home Phone No	o.: ()		
	Month/Day/Yea	<u></u>			
4.	Total years employed at a mineral mine:				
		Underground	Surfac	ce	
5.	List your current work experience:				
	Company Name:				
	Address:				
	Street or P.O. Box	City	State	Zip Code	
	Job Title:	From:	To:		
	-	Month/D	ay/Year Mon	th/Day/Year	
6.	I have attached a copy of my valid first aid card, the degrees to be used for credit toward the experience requirements, and payment for the exam.				
7.	Examination Requested (Check Or	ne):			
	Mine inspector (DMME employed)	Mineral mining el	ectrician 🗖 Ur	derground blaster	
	Surface foreman	Surface blaster	☐ Ur	derground foreman	
	Surface foreman – open pit				
8.	Exam requested at	on	(refer t	o exam schedule)	
	Locatio	n	Date		
	I hereby certify that the above an	swers are true to the	best of my knowle	dge and belief.	
	Signed:		Date:	Date:	